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BIBDATASHEET

CONFIRMATION NO. 2173

Bib Data Sheet

SERIAL NUMBER 10/688,032	FILING DATE 10/15/2003 RULE	CLASS 024	GROUP ART UNIT 3677	ATTORNEY DOCKET NO. 05918-322001
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** CONTINUING DATA ***** *NONE*
RER

** FOREIGN APPLICATIONS ***** *NONE*
RER

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 16	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Ruth C. Rodriguez</i> Initials <i>RER</i>			

ADDRESS

26161
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TITLE

Low profile touch fastener

FILING FEE RECEIVED 1598	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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